

INITIAL CERTIFICATION OF AVAILABILITY PAY

I, _____, a Criminal Investigator/Special Agent, GS-1811/1812, do hereby certify that I understand and fully expect to meet all the requirements of 5 U.S.C. 5545a and 5 CFR 550.181 through 550.187 that are prerequisite to qualifying for availability pay. This document is executed in compliance with the requirement for annual certification in 5 U.S.C. 5545a and 5 CFR 550.184. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.

Signature and Date

Title/Series/Grade

District/Duty Station

SUPERVISOR'S CONCURRENCE

As the supervisor of the above named Criminal Investigator/Special Agent, I am familiar with his/her previous work performance and concur that he/she is expected to fully meet the requirements of 5 U.S.C. 5545a and 5 CFR 550.181 through 550.187 to qualify for availability pay for Fiscal Year _____.
_____.

Signature and Date

Name and Title